

Work Order ID 92068

October-22-12 3:17:25 PM

92068

Page 1

Item ID: 647.1612

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Splice Plate

Stop ***NS2***

Start Date: 22/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12/10/22 Tooling:

Date:

Run Start ***NR1***

QC:

Date: SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

647.1600

N/C

110

0.00

110

Waterjet

Memo

0.00

16 0 Jm 12-11-1

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2024.090

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

16 0 Jm 12-11-1

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____	

92068

Page 2

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Start Date: 22/10/2012 **Start Qty:** 12.00 ***12***

Cust Item ID:

Required Date: 05/11/2012 **Req'd Qty:** 12.00 ***12***

Customer:

Reference:

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
---------	--------	-----------	------------	------------	---------------	-------------

0.00

130

QC

Memo

0.00

Quality Control

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O:

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 3)

0.00

150

Packaging

Memo

0.00

Packaging

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 92068

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92068

Page 3

Item ID: 647.1612

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Splice Plate

Stop ***NS2***

Start Date: 22/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start ***NR1***

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00

160

QC

Memo

0.00

Quality Control

170

0.00

170

SprayPaint

Memo

0.00

Spray Painting

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 3)

CARDINAL 4860-50 PRIMER BATCH: 123693

180

QC14- Inspect Spray Paint

0.00

180

QC

Memo

0.00

Quality Control

DAS
16
8-23 12/4/23

16

16 0 0 A2


16 DAS
05
2-23 12-12-18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
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Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S. <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 92068

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Page 4

Item ID: 647.1612

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Splice Plate

Stop *NS2*

Start Date: 22/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Identify as per dwg & Stock Location: *ST 4/34* 0.00

190

Packaging

Memo

0.00

Packaging

***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND
REV***

16

SD
12-12-24

200

QC21- Final Inspection - Work Order Release

0.00

200

QC

Memo

0.00

Quality Control

13/1/10

CMF
12-12-27

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
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Supplier <input type="checkbox"/>											
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Picklist Print

October-22-12 3:17:29 PM

Page 1

Work Order ID: 92068

92068

Parent Item: 647.1612

647 1612

Parent Item Name: Splice Plate

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M2024T3S.090		Purchased	No			110	sf	48.0000	0.0322	0.406737			
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M2024T3S 090

2024-T3 .090 sheet

**

0.5

Jan 12-11-1

Location

Loc Qty

Loc Code

MAT022

48

123287

48

123287

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

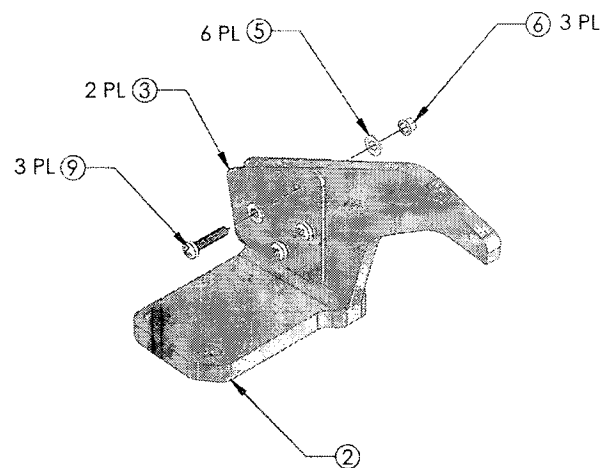
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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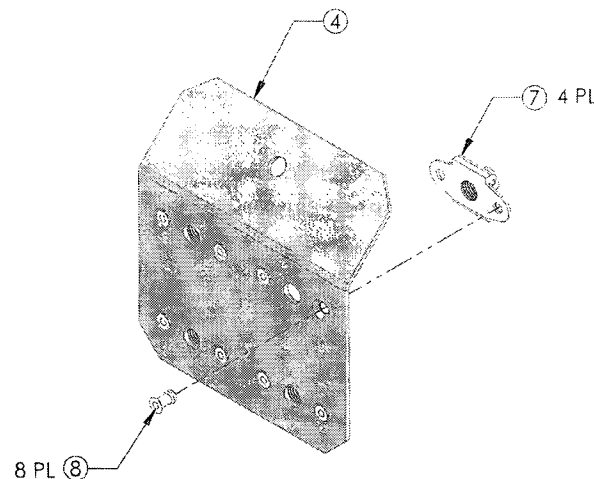
THE INFORMATION ON THIS DRAWING IS THE PROPERTY OF THE DRAWING OFFICE AND IS NOT TO BE REPRODUCED OR USED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE DRAWING OFFICE.

NOTES:

- 1 MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-250/12
- 2 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4
- 3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377 J TYPE I CLASS N
- 4 DEBURR AND BREAK ALL SHARP EDGES
- 5 IDENTIFY IAW MPP-120



647.1601 SHOWN EXPLODED



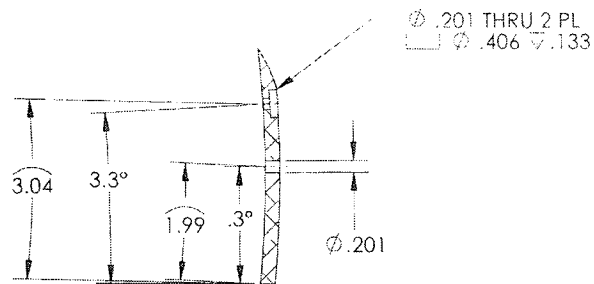
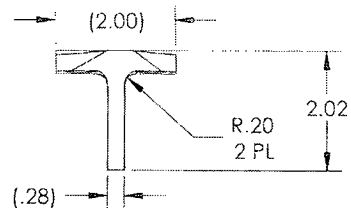
647.1602 SHOWN EXPLODED

SHOWN COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

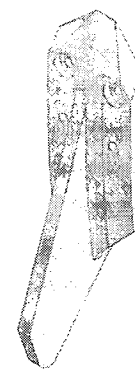
92068 MJS
12-10-22

	3	9	601.2989	SCREW	MS27039-0812	
	8	8	601.2980	NUTPLATE RIVET	COR26455-3-04	
	4	7	601.1900	NUTPLATE	MS21059-3	
	3	6	601.2973	LOCKNUT	MS2-1942-08	
	6	5	601.2764	WASHER	MS21129FH332F	
	1	4	647.1613	DOUBLER		△
	2	3	647.1612	SPLICE PLATE		△
	1	2	647.1611	WIPER DEFLECTOR, AFT		△
		1	647.1610	WIPER DEFLECTOR, FWD		△
	X		647.1602	DOUBLER ASSY		
	X		647.1601	WIPER DEFLECTOR ASSY, AFT		
1602	1601	FINO #	PART #	DESCRIPTION	MATL	SPEC.
QTY			PARTS LIST			
NEXT ASSY IS			APICAL INDUSTRIES			
647.1300			2608 TEMPLE HEIGHTS DR.			
			OCEANSIDE, CA 92056-3512 (760)724-5300			
			WIPER DEFLECTOR ASSY			
			647.1600			
			SCALE NONE			
			SHEET 1 OF 6			

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PURPOSES SPECIFIED BY APICAL INDUSTRIES, INC.

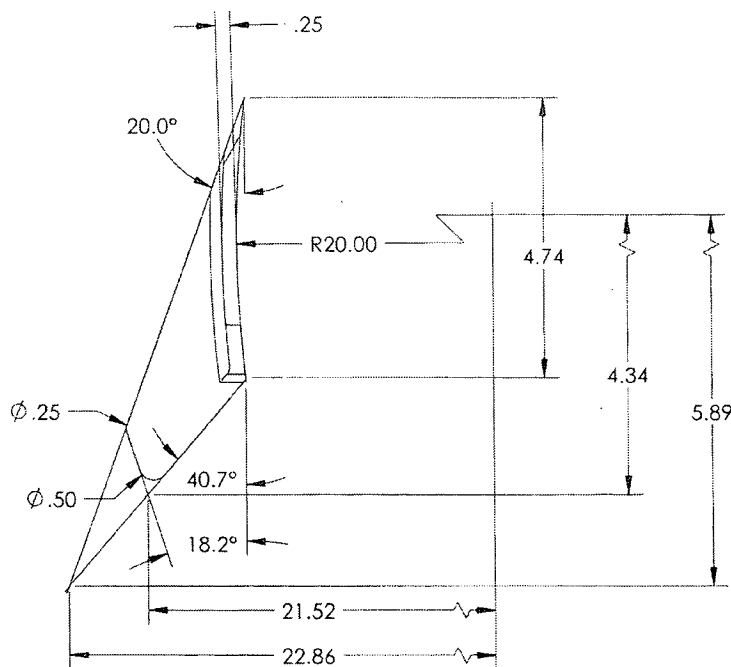
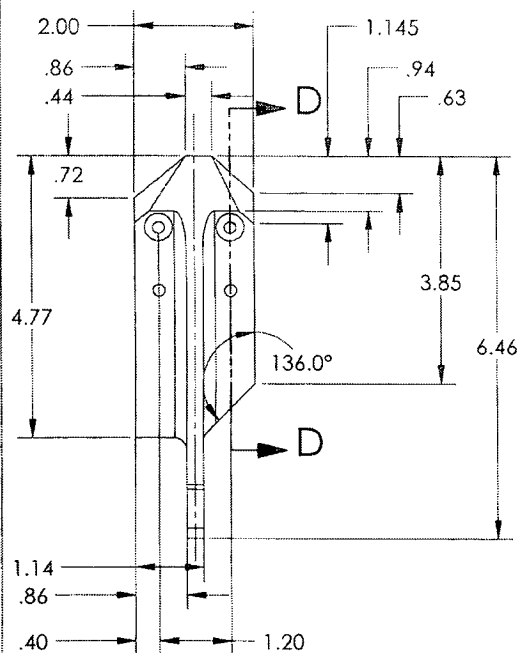


SECTION D-D



92068

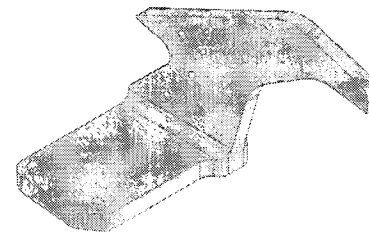
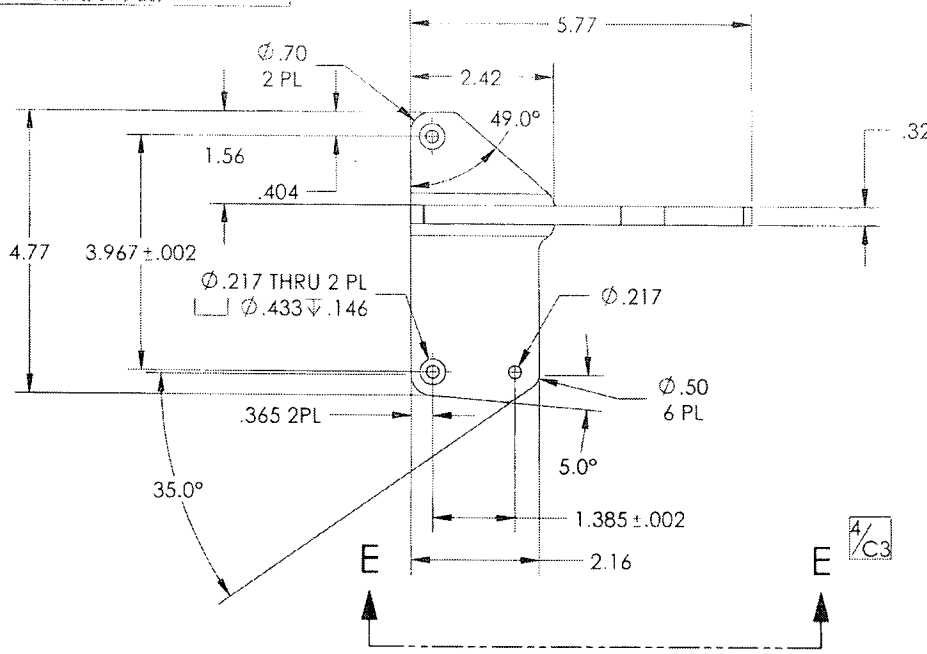
647.1610



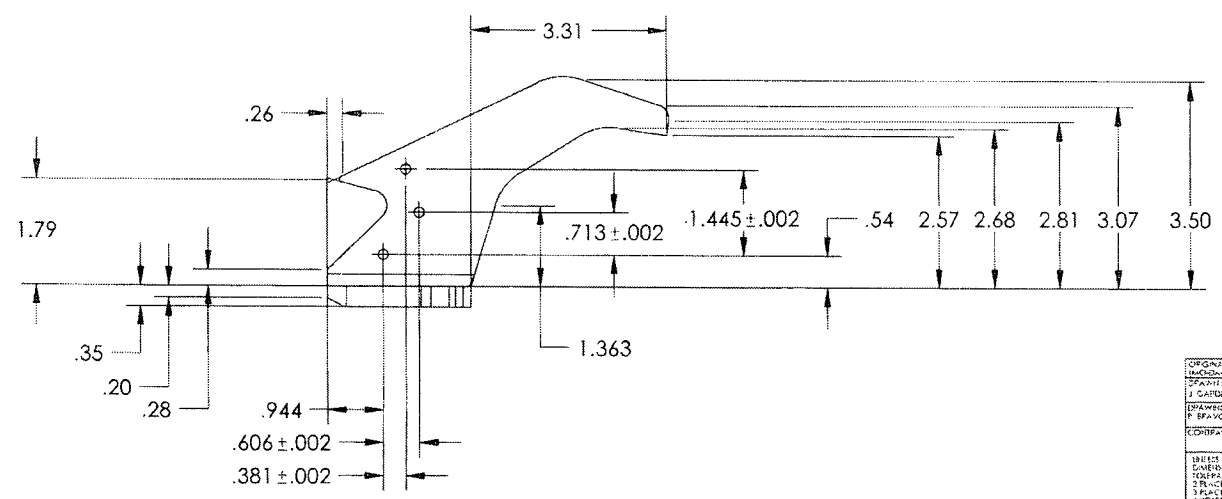
ORIGINAL DATE: 08-13-07		APICAL INDUSTRIES	
DRAWN BY: J. GRIFFIN		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: P. BRADY		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL: P. BRADY		WIPER DEFLECTOR ASSY	
REVISIONS:		DATE: 07/12/06	REV: N/C
VALUES UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ±.01 ANGLES ±.5°		SCALE: NONE	SHEET 2 OF 6

ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES AND DECIMALS THEREOF.
 DIMENSIONS IN PARENTHESES ARE FOR INFORMATION ONLY.
 DIMENSIONS IN SQUARE BRACKETS ARE FOR INFORMATION ONLY.

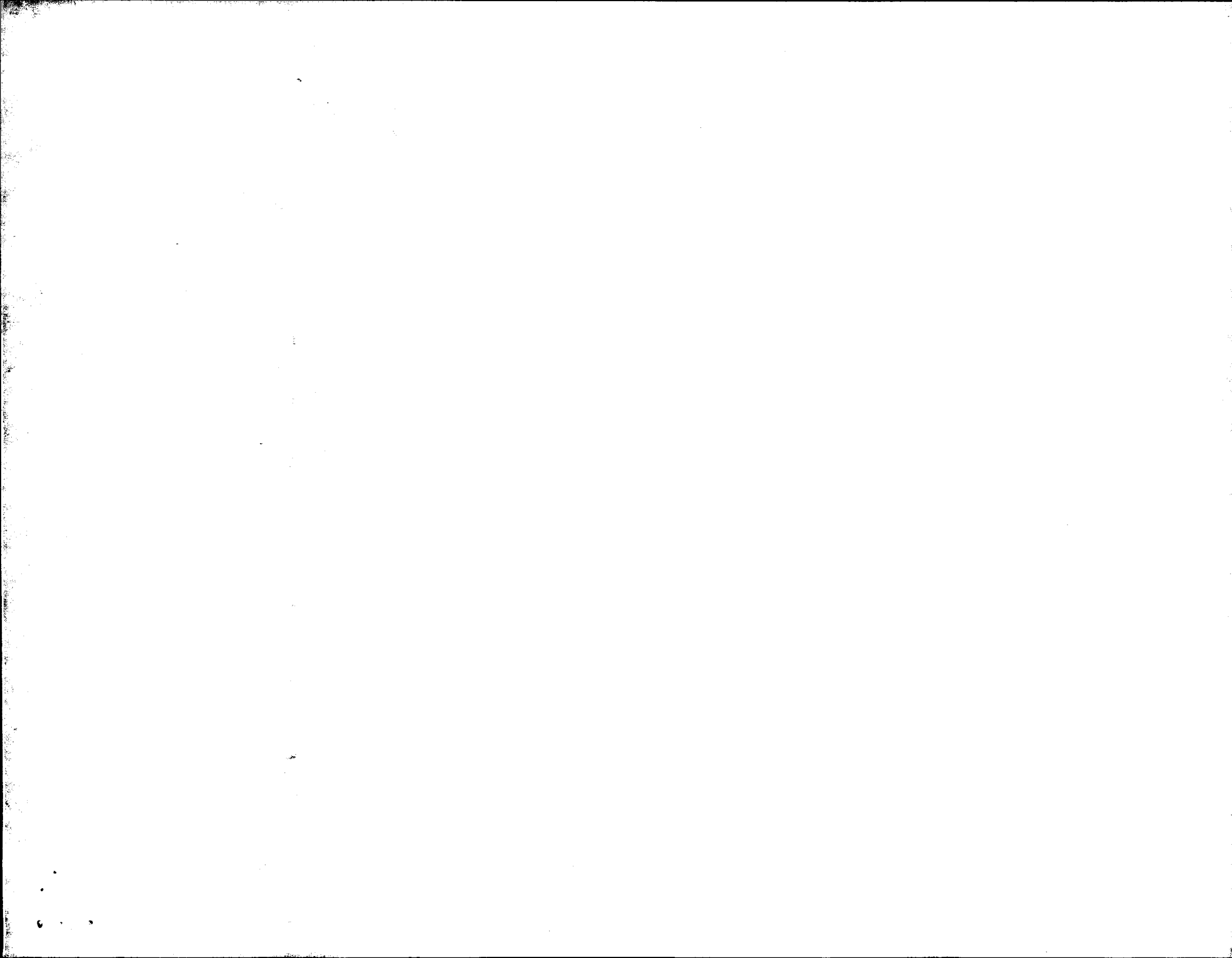
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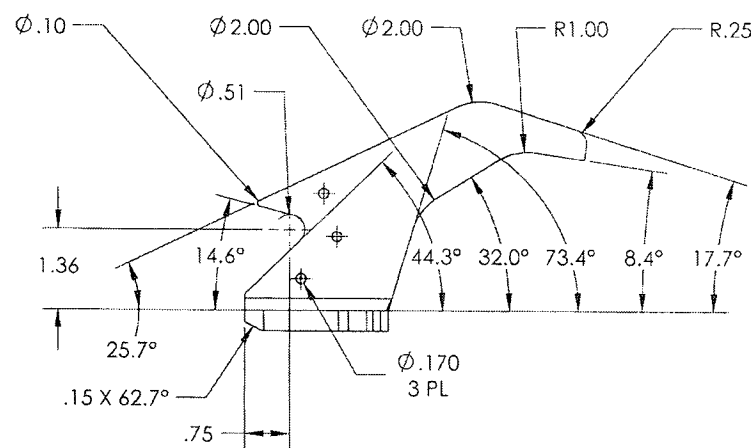
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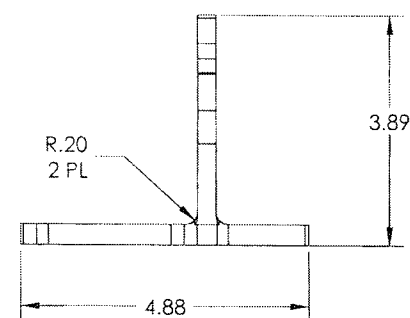
ORIGINAL DATE MAY 1998		APICAL INDUSTRIES	
DESIGNED BY: J. GARDNER		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CHECKED BY: P. BRAYCO		WIPER DEFLECTOR ASSY	
APPROVED BY: P. BRAYCO		SCALE: NONE	
CONTRACT NO.		SHEET 3 OF 3	
BLENDED DIMENSIONS (PROCESSED DIMENSIONS) ARE IN PARENTHESES		REV N/C	
TOLERANCES ARE:		647.1600	
3 PLACE DECIMALS $\pm .01$			
2 PLACE DECIMALS $\pm .005$			
1 PLACE DECIMALS $\pm .005$			



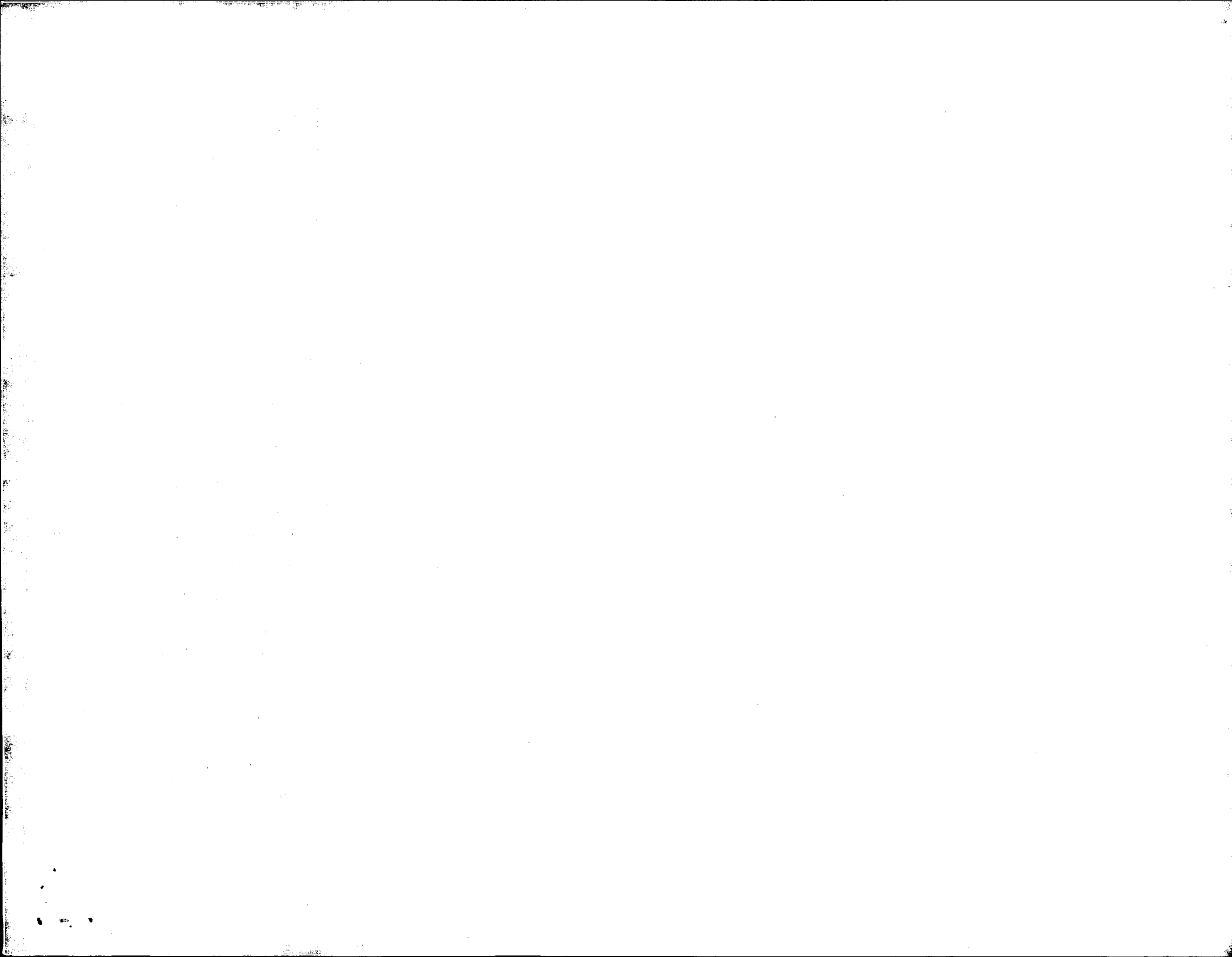
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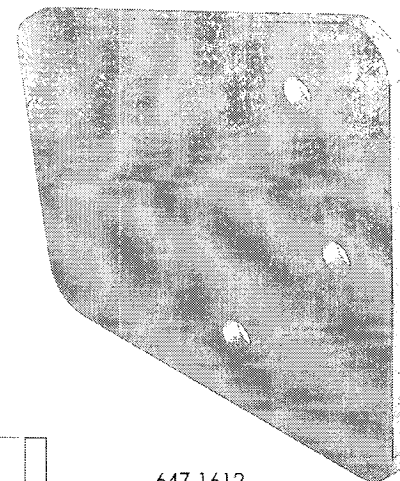


SECTION E-E $\frac{3}{84}$



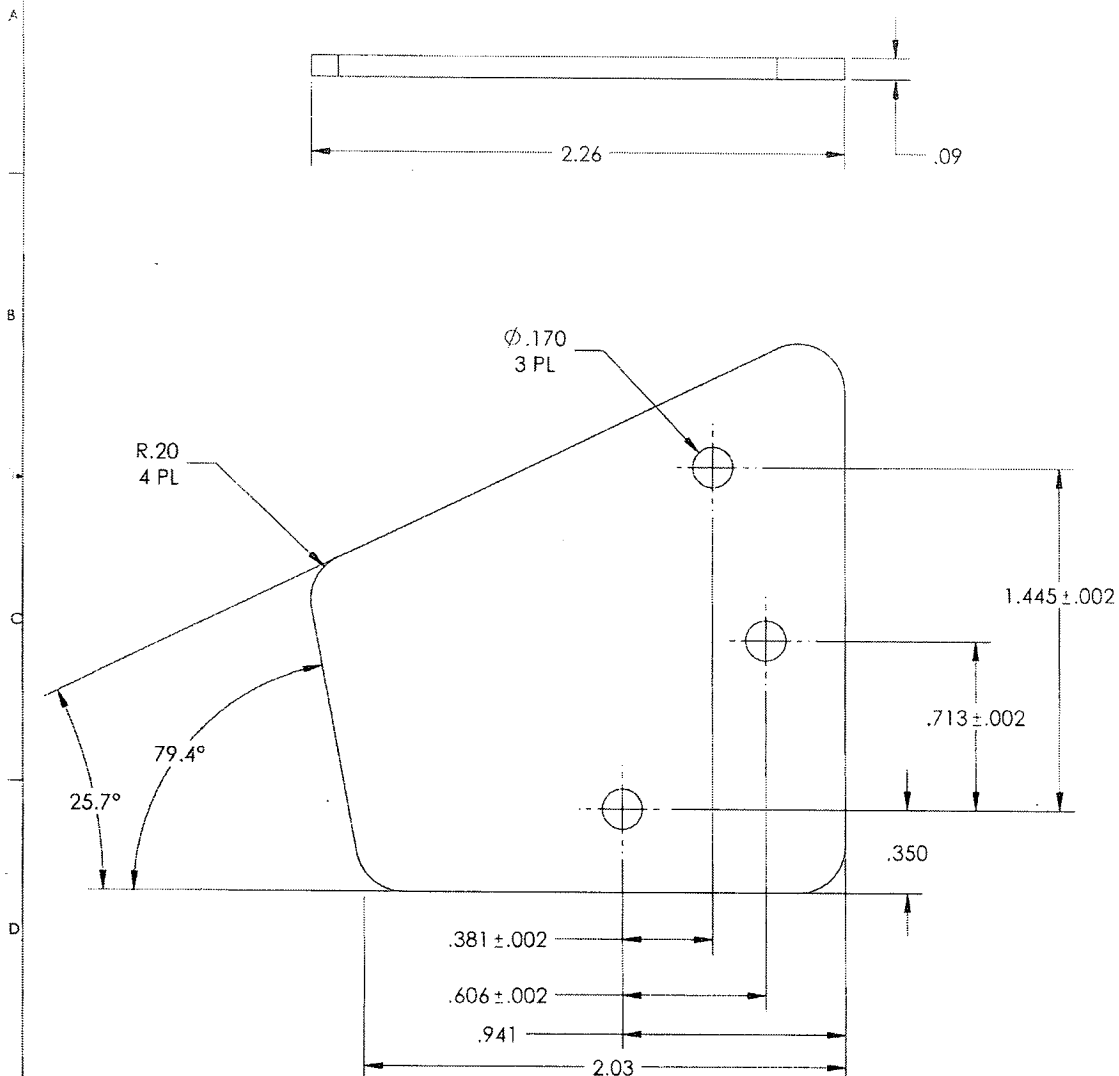
CP SERIAL DATE 10-10-04 06-10-00	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
BY C. BOYER	DRAWN BY C. BOYER		
BY P. BRAYCO	CHECKED BY P. BRAYCO		
CONTRACT NO.			
WIPER DEFLECTOR ASSY			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE FRACTIONS DECIMALS ANGLES		SIZE 8 07M16	REV. NYC
SCALE: NONE		647.1600	SHEET 4 OF 5





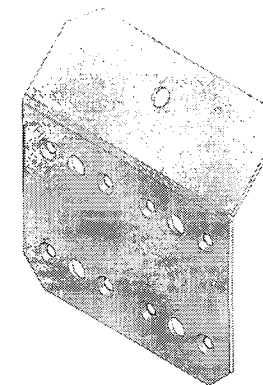
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647.1612

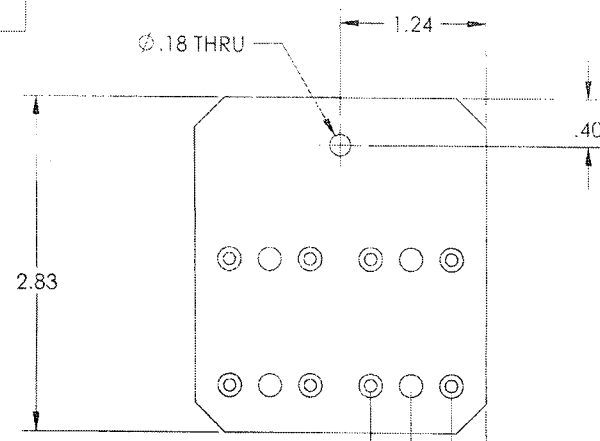


ORIGINAL DATE: 06-15-00		APICAL INDUSTRIES	
DRAWN BY: CHECKED		2608 TEMPLE HEIGHTS DR.	
1: CHADDER P: BRAYCO		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DESIGNED BY: CHADDER		WIPER DEFLECTOR ASSY	
P: BRAYCO			
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED, DIMENSIONS ARE IN INCHES. TOLERANCES ARE:		REV: 07/16/06	REV: N/C
1 PLACE DECIMALS $\pm .01$		SCALE: NONE	SHEET 5 OF 6
2 PLACE DECIMALS $\pm .005$			
3 PLACE DECIMALS $\pm .0005$			
4 PLACE DECIMALS $\pm .0001$			

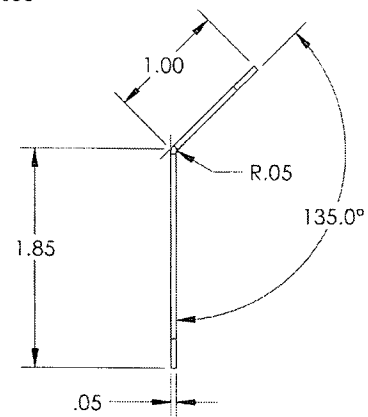
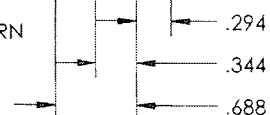
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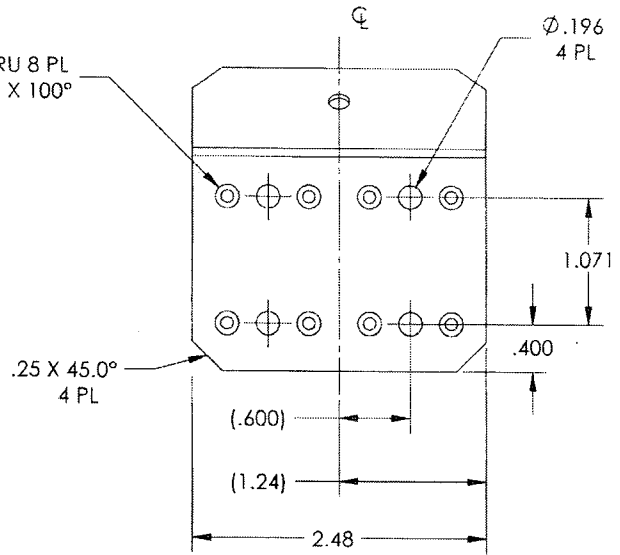
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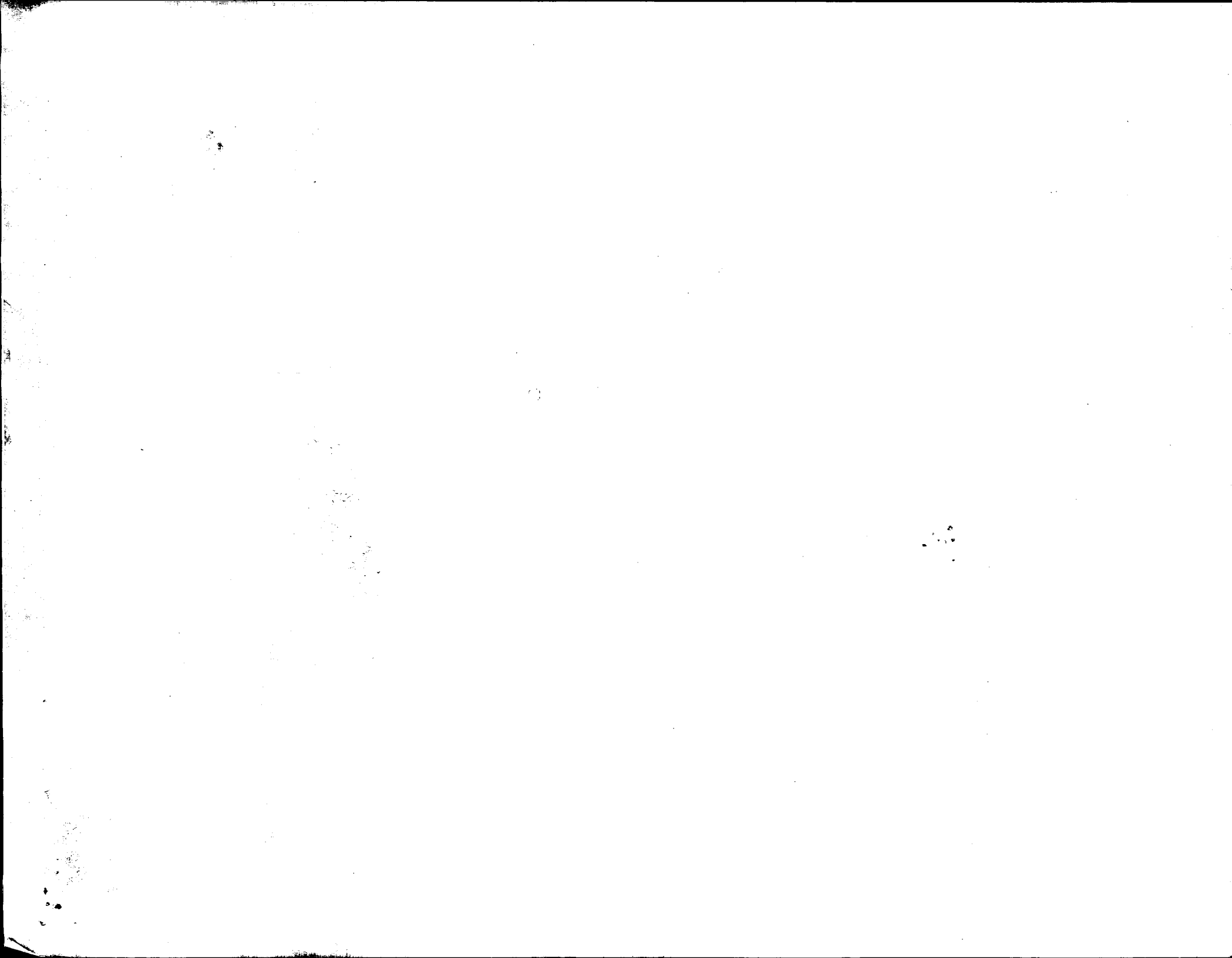
FLAT PATTERN



Ø.104 THRU 8 PL
✓ Ø.199 X 100°



ORIGINAL DATE		APICAL INDUSTRIES	
DRAWN BY		2608 TEMPLE HEIGHTS DR.	
CHECKED BY		OCEANSIDE, CA 92056-3512 (760)724-5300	
DRAWING APPROVAL		WIPER DEFLECTOR ASSY	
CONTRACT NO.		647.1600	
DESIGN (IF APPLICABLE) SPECIFIED		REV	REV
DIMENSIONS ARE IN INCHES		3	N/C
TOLERANCES ARE		SCALE: NONE	SHEET 6 OF 6
3 PLACE DECIMALS ±.001			
ANGLES ±.5°			





Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18338**

Purchase Order Date 11/6/2012

PO Print Date 11/19/2012

Page Number 1 of 1

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name

Vendor Phone

613-446-4544

Vendor Fax

613-446-4556

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	91440	347-0210 Rail	11/14/2012 Yes	46.00	Dart Truck	\$8.8300	\$406.18
		Special Inst:	FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625, TYPE III, CLASS 2				
2	91801	647.1713 Spacer	11/14/2012 Yes	14.00	Dart Truck	\$8.8300	\$123.62
		Special Inst:	Same as above				
3	92068	647.1612 Splice Plate	11/14/2012 Yes	12.00	Dart Truck	\$8.8300	\$105.96
		Special Inst:	Same as above				

PO Total:

\$635.76

Change Nbr:

2

Change Date: 11/19/2012

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62067

Date: 22-Nov-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

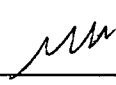
DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST 46 PCS 347-0210 14 PCS 647.1713 16 PCS 647.1612 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120721	Rev:	PO: PO18338 Line:
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : <u>22/11/12</u></p> <p>CERTIFIED SIGNATURE : <u></u></p> <p>RECEIVER SIGNATURE : _____</p>			

